

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED

2014 DEC -2 4:06 PM

1. Person Making the Disbursements/Obligations

(a) Name Paul Caprio, President Patriotic Veterans, Inc.

(b) Address (number and street) ☐ check if different than previously reported
414 N. Orleans Plaza, Suite 320

(c) City, State and ZIP Code
Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

01 / 01 / 2014

through

11 / 24 / 2014

5. (a) Date of Public Distribution(s)

11 / 24 / 2014

(b) Communication Title

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

8. Custodian of Records

(a) Name Paul Caprio

(b) Address (number and street)
414 N. Orleans Plaza, Suite 320

(c) City, State and ZIP Code
Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

Paul Caprio Assoc.

Sole proprietor

9. Total Donations This Statement

\$ 25,000.00

10. Total Disbursements/Obligations This Statement

\$ 24,500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

PAUL CAPRIO

SIGNATURE

Paul Caprio

DATE

11-24-14

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 52 U.S.C. §30109